



DEPARTMENT

FREDERICK COUNTY EMPLOYEES RETIREMENT PLAN

CHANGE OF BENEFICIARY

MAILING ADDRESS:
12 East Church Street
Frederick, MD 21701

INSTRUCTIONS: This form is used to designate the person or persons to receive any accumulated contributions and death benefit proceeds in the event of your death before retirement. This form may not be altered once it is completed. You may change beneficiaries by completing a new form. **The form on file in Human Resources with the most recent date will take precedence.**

SOCIAL SECURITY NO.			ID NUMBER	LAST NAME	FIRST NAME	M.I.	MARITAL STATUS	
							Single	
							Married	
							Divorced	
							Widowed	

HOME ADDRESS	NUMBER AND STREET			CITY	STATE	ZIP CODE

PRIMARY BENEFICIARY				Percentage _____ %					
BENEFICIARY'S NAME	LAST NAME		FIRST NAME		M.I.		DATE OF BIRTH		
							MO.	DAY	YEAR
BENEFICIARY'S ADDRESS	NUMBER AND STREET			CITY		STATE	ZIP CODE		
RELATIONSHIP			SEX	MALE FEMALE		SSN			

BENEFICIARY () Primary				() Contingent				Percentage _____ %			
BENEFICIARY'S NAME	LAST NAME		FIRST NAME		M.I.		DATE OF BIRTH				
							MO.	DAY	YEAR		
BENEFICIARY'S ADDRESS	NUMBER AND STREET			CITY		STATE	ZIP CODE				
RELATIONSHIP			SEX	MALE FEMALE		SSN					

BENEFICIARY () Primary				() Contingent				Percentage _____ %			
BENEFICIARY'S NAME	LAST NAME		FIRST NAME		M.I.		DATE OF BIRTH				
							MO.	DAY	YEAR		
BENEFICIARY'S ADDRESS	NUMBER AND STREET			CITY		STATE	ZIP CODE				
RELATIONSHIP			SEX	MALE FEMALE		SSN					

I authorize the County to pay the death benefit to my designated beneficiaries. I agree on behalf of my estate, heirs, and assigns, that the payment made by the County will release the County from any further obligation regarding this benefit. If I have not designated any beneficiary, or if all the primary and contingent beneficiaries I have designated predecease me, then I direct that payment of this benefit be made to my estate. I understand that I may change beneficiaries anytime by completing and filing a new Change of Beneficiary form. If I do complete and file a new Change of Beneficiary Form, then this form I am now completing is voided.

Participant's Signature

Date

Plan Administrator's Signature

SPOUSAL WAIVER

To designate a primary beneficiary that is not your spouse, your spouse must sign below and have the signature notarized. If you are not married, you must so certify below, notarization of your signature is not necessary.

I, _____ am not married as of this date. However, I understand that if I marry after naming another Primary Beneficiary (ies), my spouse will automatically become my Primary Beneficiary unless my spouse consents to my designation of another Primary Beneficiary (ies).

Date _____ Participant's Signature _____

I, _____ am the spouse of the above named participant, I hereby consent to the participant's designation of a Beneficiary (ies) that is other than myself which removes my eligibility to receive benefits upon the participant's death.

Date _____ Spouse's Signature _____

Subscribed or acknowledged before me by _____ the Participant's spouse, this day of _____, 20____, at _____ in the state of _____.

Notary Public _____

Commission Expires _____

[SEAL]